

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below under my name. I believe I am the sole (if only one name appears below), or a joint (if more than one name appears), original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ONE-WAY VALVE ON DIVING MASK

☒ The specification for the above entitled invention is filed herewith.

☐ The specification for the above entitled invention was filed previously with application serial number \_\_\_\_\_, filed on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

PRIORITY CLAIM

☒ There is no claim of priority.

☐ Claim of priority is based on the following: \_\_\_\_\_

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney to prosecute this application and to transact all related business in the Patent and Trademark Office:

*Keith Kline, Registration Number 32,737*  
*PRO-TECHTOR INTERNATIONAL SERVICES*  
*20775 Norada Court, Saratoga, CA 95070-3018*  
*Telephone: (408) 778-3440*

I authorize my attorney to accept and follow instructions from JIUH SHIN PATENT AND  
TRADEMARK OFFICE regarding any matter related to this application or any patent that my issue from this application. This authorization shall remain valid until such time as I may revoke it in writing.

(continued)

PATENT

Docket No. 12/1053

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. I further acknowledge the duty in any continuation-in-part application to disclose to the Patent and Trademark Office all information known to be material to the patentability of the invention disclosed in this application, as defined in 37 C.F.R., Section 1.56(a), which became available to me between the filing date of the prior application and the filing date of this application.

Date: February 9, 2004

Kuo - Tzong-Fuh

*Inventor's Printed Name:* Tzong-Fuh, KUO

*Inventor's residence and* No.21, Alley 5, Lane 49, How Gaang 1st Rd.,

*Post Office Address:* Hsin Juang City, Taipei Hsien, Taiwan, R.O.C.

*Inventor's nationality:* Taiwan, R.O.C.

Date: \_\_\_\_\_

*Inventor's Printed Name:* \_\_\_\_\_

*Inventor's residence and* \_\_\_\_\_

*Post Office Address:* \_\_\_\_\_

*Inventor's nationality:* \_\_\_\_\_

Date: \_\_\_\_\_

*Inventor's Printed Name:* \_\_\_\_\_

*Inventor's residence and* \_\_\_\_\_

*Post Office Address:* \_\_\_\_\_

*Inventor's nationality:* \_\_\_\_\_

Date: \_\_\_\_\_

*Inventor's Printed Name:* \_\_\_\_\_

*Inventor's residence and* \_\_\_\_\_

*Post Office Address:* \_\_\_\_\_

*Inventor's nationality:* \_\_\_\_\_

☐ Check this box if the number of inventor is over four and attach additional page of their information.

## In the United States Patent and Trademark Office

First/Sole Applicant: Tzong-Fuh, KUO

Other Applicant(s): \_\_\_\_\_

Title: ONE-WAY VALVE ON DIVING MASK

## Small Entity Declaration - Independent Inventor(s)

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35 United States Code, to the Patent and Trademark Office with regard to my above-identified invention described in the specification filed herewith. I have not assigned, granted, conveyed, or licensed and am under no obligation under any contract or law to assign, grant, convey, or license any rights in the invention to either (a) any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or (b) any concern which would not qualify as either (i) a small business concern under 37 CFR 1.9(d) or (ii) a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- (X) There is no such person, concern, or organization.
- ( ) Any applicable person, concern, or organization is listed below:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

I acknowledge a duty to file, in the above application for patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Inventor's Signature	Printed Name and Address	Date Signed
(1) <i>Kuo Tzong-Fuh</i>	Tzong-Fuh, KUO No.21, Alley 5, Lane 49, How Gaang 1st Rd., Hsin Juang City, Taipei Hsien, Taiwan, R.O.C.	2004.2.9
(2)		
(3)		
(4)		

☐ Check this box if the number of inventor is over four and attach additional page of their information.